CALIFORNIA DEPARTMENT OF
Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: FREE (FUNCTIONAL REHABILITATION EDUCATION EXPERIENCE)
Function Category:

| X | **PATIENT-FOCUSED** | | **ORGANIZATION** | | **STRUCTURES** |

Sub-category(s): (C) Care of Patients   **Heading:** (1) Behavior Management

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Hospital: Patton State Hospital

The following items are available regarding this Best Practice:

| | | | X |

| **Photographs** | **Video Tape** | **Drawings** | **Manual** |

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

 All PSH unit physicians and members of medical staff participated in a survey of their patients, which was completed in 1997. The survey revealed an incidence of brain injury in Patton State Hospital patients to be 57%. Unit staff identified brain injury as a contributing factor to patient outcomes, and length of stay for the 1370 population.

Although the injury is often static at the time of hospitalization in a state facility, these patients have not acquired necessary compensatory techniques to function optimally in the community. The goal of the project is therefore to teach compensatory techniques for attention, memory, behavior, and social functioning, to patients whose function is compromised in part by brain injury.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT** (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The brain injury population requires and increased length of time for learning new information:
          The length of the program was therefore 20 weeks (3 and ½ hrs per week)

Detailed specialized assessment to evaluate how the cognitive deficits are affecting function:

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Neuropsychological battery of assessment is completed on all patients who are believed to be appropriate candidates for the program.

Specialized staff with additional treating in the areas of brain injury to address these needs: The FREE project team consists of a Psychiatrist (with special interest in the Brain injury population), Neuropsychologists, and psychology intern on a special tract of neuropsychology,

Occupational therapist (to focus on instrumental ADL's), and Psychiatric Technician to assist in providing a safe patient and staff environment and controlling negative behaviors which are common in this patient population.

3. **ANALYSIS**   **(Describe how the problem was analyzed.):**

Baseline data was collected from all patients accepted to the free program. This includes:

1)   A video role-play which is based on a **mock staffing**. Patients are aware that the staffing is not real, but are asked to treat it as a real staffing. The staffing is videotaped (with patient consent) to be rated by blinded, trained raters to show changes in performance before and after the program. The role-play was chosen because a staffing is a universal requirement for patients in the forensic hospital setting.

2)   Unit ID team completes a unit evaluation form, which assesses patient functioning on the unit before and after the program.

4. **IMPLEMENTATION**   **(Describe your implementation of the solution.):**

The program is duration of 20 weeks. Patients attend a group two times weekly for 2 and 1 and ½ hours respectively.

Incentive cards are used to generalize improvement and increase unit staff participation in the program.

A Group setting was developed to increase the number of patients who could participate in the program, to provide a controlled environment to allow for patient interaction and training in problems which are common to this subset of patients, to provide a support environment for this patient population—there are others who have similar difficulties in functioning.

5. **RESULTS**   **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

To date three cycles of the FREE program have been completed. Patients have had improvement in attention, memory and behavior (using compensatory techniques) as measured by the pre and post unit evaluation forms. Due to small sample size, results from subsequent cycles are ongoing to show improvement in pre and post role-play scores.

Variable	Mean	Standard Dev	N	T value	P value
Attention pre	3.50	1.85	8		
Attention post	3.62	1.92	8	-3.57	0.731
Initiation Pre	3.14	1.73	8		
Initiation Post	3.87	1.46	8	-1.05	0.33
Social Skills Pre	4.00	1.41	8	-0.92	0.39
Social Skills pos	4.31	1.10	8		

Variable	Mean	Standard Dev.	N	T value	P value
Memory Pre	3.65	2.90	12		
Memory Post	6.48	2.26	12	-3.63	0.0039
Compensatory Techniques Pre	2.16	3.68	12		
Compensatory Techniques Post	3.33	1.92	12	-1.79	0.099
Initiation pre	9.75	5.41	12		
Initiation Post	11.66	4.31	12	-1.46	0.17

6. <u>LEARNING</u> (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The team is constantly improving the program bases on patient and staff feedback. As a result, the free manual was developed. It is best used to provide an outline of program goals to trained staff, and to allow for improved unit staff participation and generalization of compensatory strategies to the unit and hopefully to the community.

A formal mechanism for unit staff training to increase awareness of the special needs of patients with brain injury is needed. Another specialized team may best address this. This may also accomplish a goal of continuing generalization of improvement of patient performance.

An improved outcome measure would decrease the time needed in assessment of these patients and may provide an additional treatment tool. This would be best addressed by the development of computer technology to assist in patient assessment, but should be visual not language based.

Projects based of the FREE design have applications to all the state and forensic institutions for this specialized group of patients.